CENTERS FOR DISEASE CONTROL

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MMWR

MORBIDITY AND MORTALITY WEEKLY REPORT

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Perspectives in Disease Prevention and Health Promotion

Poisoning among Young Children — United States

The U.S. Food and Drug Administration (FDA) estimates that the nation's 430 poison control centers are contacted 1.5 million times each year about exposures* to potentially toxic substances (*1*). In 1981, FDA's Poisoning Surveillance and Epidemiology Branch received over 121,000 reports of product- or substance-specific exposures to suspected poisons. Children under 5 years of age accounted for 60.3% of these exposures, and 13.0% of these were associated with clinical evidence of toxicity. Pharmaceuticals, including both prescription and over-the-counter products, accounted for 40.0% of the exposures (Figure 1). The most common pharmaceutical involved was flavored chewable vitamins (14.1%). After pharmaceuticals, the most frequently reported exposures for children under 5 years of age were to "cleaners, polishes" and plants. The "other, unknown" category of exposures, which includes ingestion of multiple products and illicit substances, accounted for 10.4% of the exposures.

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Editorial Note: In recent years, the number of childhood poisonings has fallen dramatically, especially poisonings from substances required to be packaged with child-resistant closures. Despite this, many preventable poisonings continue to occur. For ingestion alone, the U.S. Consumer Product Safety Commission (CPSC) estimated that, in 1983, over 130,000 children under 5 years of age were treated in hospital emergency rooms for potentially toxic substances; 13.9% of these children were hospitalized.†

March 18-March 24, 1984, marks the 23rd annual National Poison Prevention Week (*2*). It is sponsored by the Poison Prevention Week Council,§ a coalition of 31

*Based on inquiries to poison control centers about inappropriate ingestion, inhalation, absorption, injection, or application of potentially toxic substances.

†Based on data from CPSC's National Electronic Injury Surveillance System (NEISS).

§P.O. Box 1543, Washington, D. C. 20013.

Poisoning – Continued

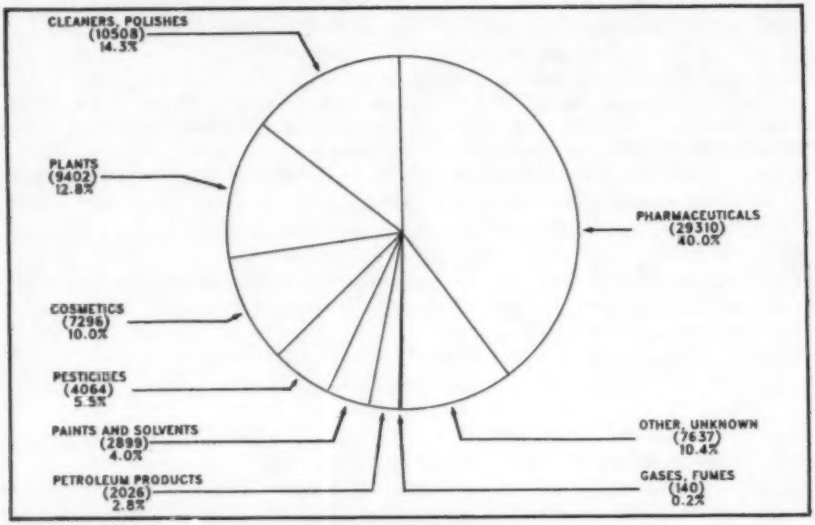
national organizations representing industry, consumer groups, health professionals, government, and the media. This year, the theme is "Children Act Fast . . . So Do Poisons." Emphasis will be on activities designed to raise public awareness of the importance of preventing childhood poisonings and encouraging the public (1) to learn about the dangers of unintentional poisoning and (2) to take appropriate preventive measures. National Poison Prevention Week will also emphasize the role that poison control centers play in preventing poisonings among children by providing public information, expert consultation, and specialized diagnostic and treatment recommendations for poisonings within their respective communities.

As part of National Poison Prevention Week, the Council will:

1. Promote the theme, "Children Act Fast . . . So Do Poisons," and publicize the services of local poison control centers through workshops, school programs, and the media.
2. Highlight local activities by pharmacies, hospitals, schools, health departments, safety officials, and businesses that focus on reducing unintentional injuries among children.

In addition, CPSC, one of the members of the Council, will conduct seminars for pharmacists and physicians on the importance of using child-resistant closures and will distribute its publication, "Poison Prevention Packaging: A Text for Pharmacists and Physicians" (*3*).

FIGURE 1. Distribution of exposures* to chemical products for children under 5 years of age — United States, 1981



*Reported by poison control centers to the Food and Drug Administration.

Poisoning — Continued

References

1. Schaffer J, Lavengood SJ. 1980 survey of poison control centers summary. National Clearinghouse for Poison Control Centers Bull 1982;26:1.
2. National Poison Prevention Week, 1984: Presidential Proclamation 5122. Federal Register October 31, 1983;48:50053.
3. U.S. Consumer Product Safety Commission. Poison prevention packaging: a text for pharmacists and physicians. Washington, D. C.: U.S. Government Printing Office: 1983 (1983/661-620/53).

Current Trends

Influenza Activity — Mississippi, United States, Worldwide

MISSISSIPPI

For the first time in several years, Mississippi experienced a major occurrence of influenza affecting schoolchildren. The outbreak of an influenza-like illness beginning the third week of January was first reported among elementary and junior high school children in Hancock County, where influenza type A(H1N1) virus was isolated. Soon thereafter, the Mississippi State Department of Health received reports of similar illnesses among schoolchildren in Lincoln, Hinds, Madison, Humphreys, and Washington Counties. Affected schools reported absenteeism of 20%-50%.

An epidemiologic investigation conducted in Hancock County Schools revealed symptoms of fever (97%), cough (91%), headache (90%), sore throat (81%), malaise (73%), and myalgia (68%) in children with illness, which developed abruptly and lasted 3-10 days. Fever commonly ranged from 38.3 C to 40.0 C (101 F to 104 F). Some patients also had abdominal pain (58%), nausea (52%), vomiting (39%), and diarrhea (28%) in varying degrees. During the outbreak, 444 of 1,093 students were absent from two schools. A follow-up of the absent students revealed that four were hospitalized when they developed pneumonia.

Reported in Mississippi Morbidity Report *by A Kennedy, MPH, R Farrell, B Helms, WE Riecken, Jr, MD, FE Thompson, MD, State Epidemiologist, Mississippi State Dept of Health; Influenza Br, Div of Viral Diseases, Center for Infectious Diseases, CDC.*

Editorial Note: This report documents the type of rapidly developing influenza outbreaks among schoolchildren caused by type A(H1N1) virus occurring in the present season. This activity, after a period of relative quiescence since A(H1N1) was most active in 1978-1979, might be related to the evolution of new antigenic variants (*1*) that spread to the United States, as well as to other genetic changes in the virus affecting transmissibility. The high proportion of children in this outbreak with gastrointestinal symptoms is not typical but has been previously reported when type A(H1N1) virus caused epidemics in 1978-1979 (*2*).

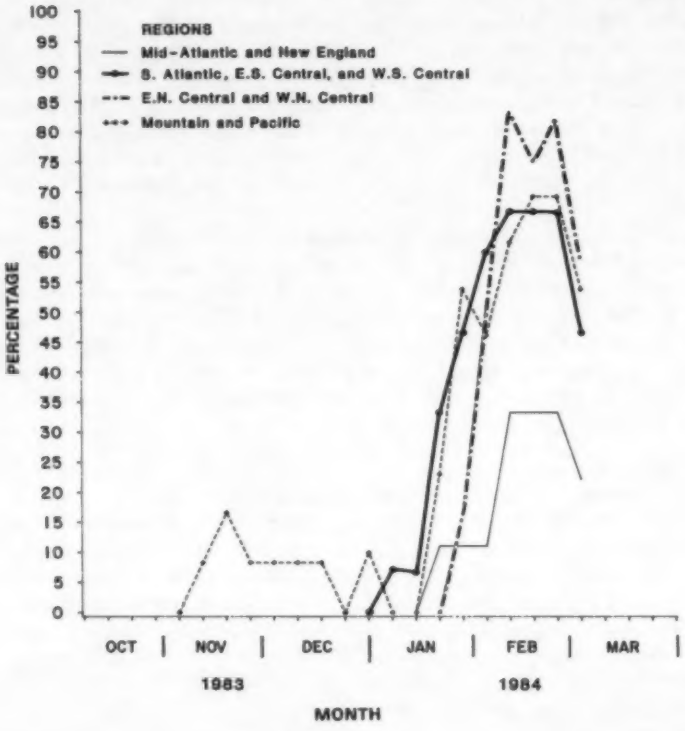
Influenza – Continued

UNITED STATES

Influenza activity continues to be reported in much of the United States, with spread of type A(H1N1) virus to the Pacific Northwest (Oregon and Washington); and type B virus, now identified from additional east-coast states (Connecticut, Delaware, North Carolina). However, there are indications that the overall level of influenza activity is decreasing. A smaller proportion of state health departments are now officially reporting regional or widespread influenza-like illnesses than previously (Figure 2), and this trend has been confirmed by an informal telephone survey of about 20% of state epidemiologists.

Reports from approximately 120 family practitioners participating in a pilot nationwide influenza morbidity surveillance system also show a decline in the number of patients with influenza-like illness (fever over 37.8 C [100 F] accompanied by at least one respiratory symptom) (Figure 3). The earliest and greatest rise in office visits to physicians for influenza-like illness had occurred in the South (including the

FIGURE 2. Percentage of states reporting regional or widespread outbreaks of influenza-like illness, by week of report and geographic area — United States, 1983-1984 season

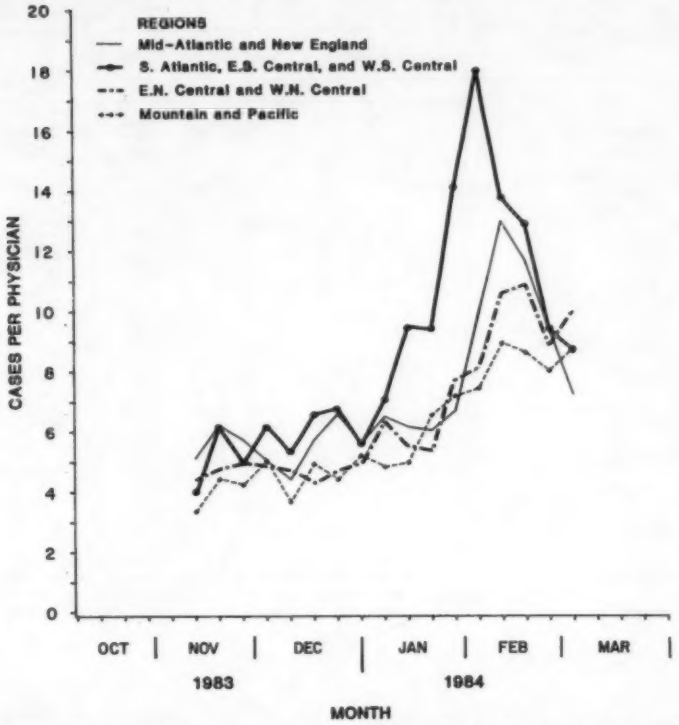


Influenza – Continued

combined South Atlantic, East South Central, and West South Central regions). This is consistent with reports of outbreaks and virus isolations earlier this season. Reports from physicians in these southern regions have shown a decrease in observed influenza-like illness over the past 4 weeks.

In other geographic areas, where physicians' reports suggest that influenza virus caused less morbidity than in the South, observed influenza-like illness has also recently decreased. However, it is possible this decreasing activity may change before the end of the influenza season because the regional prevalence of the active types A(H1N1) and B viruses may change independently. Low-level occurrence of type A(H3N2) infection continues, and such viruses have recently been isolated from patients in Indiana, New Hampshire, New York, and South Dakota.

FIGURE 3. Cases of influenza-like illness* reported from physicians in the influenza morbidity surveillance network, by geographic area — United States, 1983-1984 season



*Reported to CDC by approximately 125 physician-members of the American Academy of Family Physicians research panel. A case was defined as a patient with fever 37.8C (100F) or greater and at least cough or sore throat.

Influenza – Continued

Reported by Collaborating Family Physicians in the Influenza Surveillance Network; US Air Force School of Aerospace Medicine, Brooks Air Force Base, Texas; State Epidemiologists and Laboratory Directors; Statistical Svcs Br, Div of Surveillance and Epidemiologic Studies, Epidemiology Program Office, Statistical Svcs Activity, and Influenza Br, Div of Viral Diseases, Center for Infectious Diseases, CDC.

Editorial Note: When influenza type A(H1N1) virus predominates, as it most recently did in the 1978-1979 season, and outbreaks occur primarily in healthy young populations, influenza epidemics may not be reflected by increases in national mortality attributable to pneumonia and influenza, because the elderly are spared. Under such circumstances, it is especially useful to have a rapidly reported quantitative estimate of influenza morbidity. To answer this and other epidemiologic needs, a pilot study was initiated in the 1982-1983 season involving weekly reports from family practitioners in all regions of the country. The observations last year and thus far this year generally correspond with other indicators of influenza virus activity.

(Continued on page 139)

TABLE I. Summary—cases specified notifiable diseases, United States

Disease	10th Week Ending			Cumulative, 10th Week Ending		
	March 10, 1984	March, 12 1983	Median 1979-1983	March 10, 1984	March 12, 1983	Median 1979-1983
Acquired Immunodeficiency Syndrome (AIDS)	51	N	N	581	N	N
Aseptic meningitis	84	84	56	775	815	637
Encephalitis: Primary (arthropod-borne & unspec.)	8	25	15	113	173	150
Post-infectious	1	3	2	6	17	15
Gonorrhea: Civilian	15,238	16,494	18,236	154,182	175,395	181,512
Military	312	506	506	3,702	4,920	5,376
Hepatitis: Type A	490	455	529	4,306	4,641	4,725
Type B	522	406	375	4,227	3,998	3,474
Non A, Non B	61	64	N	608	585	N
Unspecified	127	141	201	1,170	1,374	1,878
Legionellosis	20	11	N	93	110	N
Leprosy	6	3	3	41	44	36
Malaria	7	12	21	98	121	142
Measles: Total*	59	34	72	272	194	457
Indigenous	57	32	N	246	163	N
Imported	2	2	N	26	31	N
Meningococcal infections: Total	78	90	90	617	606	663
Civilian	78	90	89	617	596	659
Military	-	-	1	-	10	4
Mumps	89	113	159	694	807	1,085
Pertussis	31	30	20	316	234	201
Rubella (German measles)	17	23	55	105	180	467
Syphilis (Primary & Secondary): Civilian	534	627	547	5,399	6,515	5,814
Military	1	6	6	56	98	78
Toxic Shock syndrome	3	11	N	60	83	N
Tuberculosis	503	435	502	3,644	3,910	4,442
Tularemia	1	2	2	17	27	18
Typhoid fever	8	2	6	50	63	69
Typhus fever, tick-borne (RMSF)	-	1	1	9	11	11
Rabies, animal	73	153	108	733	1,004	889

TABLE II. Notifiable diseases of low frequency, United States

	Cum. 1984		Cum. 1984
Anthrax	-	Plague	2
Botulism: Foodborne	2	Poliomyelitis: Total	-
Infant (Kans. 1, Calif. 1)	11	Paralytic	-
Other	1	Psittacosis (Mich. 1)	11
Brucellosis	19	Rabies, human	-
Cholera	-	Tetanus (Md. 1)	4
Congenital rubella syndrome	-	Trichinosis (N.J. 1, Ohio 1)	7
Diphtheria	-	Typhus fever, flea-borne (endemic, murine) (Tex. 1)	5
Leptospirosis	3		

*There were no cases of internationally imported measles reported for this week.

TABLE III. Cases of specified notifiable diseases, United States, weeks ending March 10, 1984 and March 12, 1983 (10th Week)

Reporting Area	AIDS	Aseptic Menin-gitis	Encephalitis		Gonorrhea (Civilian)		Hepatitis (Viral), by type				Legionel-losis	Leprosy
			Primary	Post-in-fectious			A	B	NA,NB	Unspeci-fied		
	Cum. 1984	1984	Cum. 1984	Cum. 1984	Cum. 1984	Cum. 1983	1984	1984	1984	1984	1984	Cum. 1984
UNITED STATES	581	64	113	6	154,182	175,395	490	522	61	127	20	41
NEW ENGLAND	26	3	6	-	5,058	4,427	7	33	1	19	1	1
Maine	-	-	-	-	190	260	-	1	-	-	-	-
N.H.	-	-	2	-	114	129	2	6	-	1	-	-
Vt.	-	2	-	-	74	74	-	-	-	-	-	-
Mass.	17	-	4	-	1,891	2,015	2	10	1	17	-	1
R.I.	-	1	-	-	331	244	3	12	-	-	-	-
Conn.	9	-	-	-	2,458	1,705	-	4	-	1	1	-
MID ATLANTIC	300	6	12	-	20,158	21,963	123	136	2	12	8	2
Upstate N.Y.	30	1	4	-	2,938	3,128	7	15	1	1	-	2
N.Y. City	233	3	-	-	8,751	9,064	86	58	-	8	1	-
N.J.	34	-	4	-	2,939	4,230	9	47	1	2	5	-
Pa.	3	2	4	-	5,530	5,531	21	16	-	1	3	-
E.N. CENTRAL	19	15	21	1	18,885	24,812	31	48	8	9	5	3
Ohio	9	8	8	1	5,141	6,114	20	14	2	-	3	1
Ind.	-	1	2	-	2,364	2,751	2	11	-	3	-	-
Ill.	8	1	2	-	2,830	7,023	3	5	1	3	-	-
Mich.	2	5	7	-	6,140	6,793	6	18	5	3	2	2
Wis.	-	-	2	-	2,410	2,131	-	-	-	-	-	-
W.N. CENTRAL	1	3	3	-	7,253	8,474	21	15	2	1	-	-
Minn.	-	-	-	-	974	1,264	3	5	-	-	-	-
Iowa	1	1	2	-	858	877	-	1	1	1	-	-
Mo.	-	-	-	-	3,325	4,035	4	4	-	-	-	-
N. Dak.	-	-	-	-	92	79	-	-	-	-	-	-
S. Dak.	-	-	-	-	237	236	9	2	1	-	-	-
Nebr.	-	-	-	-	522	482	3	3	-	-	-	-
Kans.	-	2	1	-	1,245	1,501	2	-	-	-	-	-
S. ATLANTIC	46	15	23	4	40,384	44,707	25	93	8	15	3	2
Del.	1	-	1	-	651	884	1	4	-	-	-	-
Md.	15	1	4	-	5,223	5,850	-	4	-	2	1	-
D.C.	6	1	-	-	2,985	3,076	-	3	-	-	-	-
Va.	2	2	8	3	3,960	3,738	-	13	1	1	2	1
W. Va.	-	1	3	-	459	430	-	2	-	-	-	-
N.C.	-	1	3	1	6,574	5,914	2	7	1	-	-	-
S.C.	-	-	1	-	3,703	4,458	-	10	1	4	-	-
Ga.	-	-	3	-	7,777	9,580	8	22	1	1	-	-
Fla.	22	9	-	-	9,052	10,779	14	28	4	7	-	1
E.S. CENTRAL	5	2	6	-	13,228	15,427	11	28	2	3	1	-
Ky.	2	2	-	-	1,632	1,959	5	4	-	1	1	-
Tenn.	-	-	2	-	5,412	5,757	5	20	1	1	-	-
Ala.	2	-	4	-	4,161	5,037	-	4	1	1	-	-
Miss.	1	-	-	-	2,023	2,674	1	-	-	-	-	-
W.S. CENTRAL	12	7	8	1	21,807	24,756	55	51	1	37	-	2
Ark.	-	1	-	1	1,770	2,007	1	1	-	2	-	-
La.	5	-	2	-	5,122	3,849	-	-	-	-	-	-
Okla.	1	-	-	-	2,385	2,939	12	12	-	-	-	-
Tex.	6	6	6	-	12,550	15,961	42	38	1	35	-	2
MOUNTAIN	4	-	3	-	4,810	5,245	36	13	6	9	-	5
Mont.	-	-	-	-	238	265	-	-	-	-	-	-
Idaho	-	-	-	-	240	260	-	-	-	-	-	-
Wyo.	-	-	-	-	138	160	-	1	1	-	-	-
Colo.	-	-	2	-	1,329	1,519	3	2	1	4	-	-
N. Mex.	-	-	-	-	590	711	1	1	1	3	-	-
Ariz.	4	-	-	-	1,227	1,210	18	4	1	-	-	4
Utah	-	-	1	-	269	257	10	2	-	2	-	1
Nev.	-	-	-	-	779	863	4	3	2	-	-	-
PACIFIC	168	13	31	-	22,599	25,594	181	105	31	22	1	26
Wash.	3	-	-	-	1,457	1,910	3	5	4	-	-	1
Oreg.	-	-	-	-	1,374	1,279	15	5	3	1	-	1
Calif.	163	12	31	-	18,820	21,295	163	95	24	21	1	19
Alaska	-	-	-	-	574	589	-	-	-	-	-	-
Hawaii	2	1	-	-	374	521	-	-	-	-	-	5
Guam	-	U	-	-	22	49	U	U	U	U	U	-
P.R.	1	2	-	-	878	611	9	9	-	5	-	-
V.I.	-	U	-	-	73	57	U	U	U	U	U	-
Pac. Trust Terr.	-	U	-	-	-	-	U	U	U	U	U	-

N: Not notifiable U: Unavailable

TABLE III. (Cont.'d). Cases of specified notifiable diseases, United States, weeks ending March 10, 1984 and March 12, 1983 (10th Week)

Reporting Area	Malaria	Measles (Rubeola)					Meningococcal Infections	Mumps		Pertussis			Rubella		
		Indigenous		Imported *		Total									
	Cum. 1984	1984	Cum. 1984	1984	Cum. 1984	Cum. 1983	Cum. 1984	1984	Cum. 1984	1984	Cum. 1984	Cum. 1983	1984	Cum. 1984	Cum. 1983
UNITED STATES	98	57	246	2	26	194	817	89	694	31	316	234	17	105	180
NEW ENGLAND	12	-	-	-	-	-	50	5	33	-	7	12	6	14	1
Maine	-	-	-	-	-	-	1	4	12	-	-	-	-	1	-
N.H.	-	-	-	-	-	-	4	-	4	-	2	3	-	-	-
Vt.	1	-	-	-	-	-	14	-	1	-	4	2	-	-	1
Mass.	6	-	-	-	-	-	17	1	12	-	-	6	6	13	-
R.I.	1	-	-	-	-	-	4	-	1	-	1	1	-	-	-
Conn.	4	-	-	-	-	-	10	-	3	-	-	-	-	-	-
MID ATLANTIC	6	2	7	2	3	4	75	8	93	3	21	48	-	1	9
Upstate N.Y.	3	-	-	-	-	1	25	2	23	1	11	24	-	-	6
N.Y. City	-	2	7	-	-	2	9	-	3	1	1	5	-	-	2
N.J.	1	-	-	2§	3	1	20	5	58	1	1	6	-	1	1
Pa.	2	-	-	-	-	-	21	1	9	-	8	13	-	-	-
E.N. CENTRAL	11	1	107	-	2	90	88	14	228	11	92	60	4	15	27
Ohio	4	-	1	-	2	1	37	3	68	4	19	24	1	1	1
Ind.	-	1	2	-	-	44	11	-	16	5	52	3	1	1	-
Ill.	1	-	15	-	-	30	11	3	54	-	6	24	1	9	10
Mich.	4	-	89	-	-	5	22	8	74	2	7	3	1	3	4
Wis.	2	-	-	-	-	-	7	-	16	-	8	6	-	1	12
W.N. CENTRAL	5	-	-	-	-	-	38	26	55	-	54	10	3	10	13
Minn.	-	-	-	-	-	-	3	-	1	-	2	-	-	-	3
Iowa	1	-	-	-	-	-	13	2	11	-	3	2	-	-	-
Mo.	3	-	-	-	-	-	11	1	5	-	9	2	-	-	-
N. Dak.	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-
S. Dak.	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-
Nebr.	-	-	-	-	-	-	2	-	1	-	-	-	-	-	-
Kans.	1	-	-	-	-	-	6	23	36	-	40	8	3	9	10
S. ATLANTIC	14	-	-	-	4	50	150	7	58	2	35	38	-	9	14
Del.	2	-	-	-	-	-	1	-	2	-	-	-	-	-	-
Md.	5	-	-	-	-	1	12	4	14	-	1	4	-	-	-
D.C.	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-
Va.	2	-	-	-	1	2	13	1	3	1	7	8	-	-	1
W. Va.	-	-	-	-	-	-	3	2	10	-	3	2	-	-	-
N.C.	1	-	-	-	-	-	20	-	8	-	13	1	-	-	-
S.C.	1	-	-	-	-	3	15	-	1	-	1	2	-	-	-
Ga.	1	-	-	-	-	2	33	-	3	-	2	15	-	1	8
Fla.	2	-	-	-	3	42	51	-	17	1	8	4	-	8	8
E.S. CENTRAL	-	-	-	-	2	-	27	1	11	-	2	3	-	-	3
Ky.	-	-	-	-	-	-	4	-	3	-	1	1	-	-	3
Tenn.	-	-	-	-	2	-	11	1	3	-	1	2	-	-	-
Ala.	-	-	-	-	-	-	7	-	3	-	-	-	-	-	-
Miss.	-	-	-	-	-	-	5	-	2	-	-	-	-	-	-
W.S. CENTRAL	3	16	57	-	-	10	79	11	39	6	33	25	-	11	27
Ark.	-	-	-	-	-	10	10	-	3	-	9	1	-	1	-
La.	-	-	-	-	-	-	15	-	-	-	1	2	-	-	-
Okla.	2	-	-	-	-	-	13	N	N	6	22	8	-	-	-
Tex.	1	16	57	-	-	-	41	11	36	-	1	14	-	10	27
MOUNTAIN	4	2	22	-	8	1	24	5	65	1	35	33	-	3	8
Mont.	-	-	-	-	-	-	1	-	2	-	19	1	-	-	1
Idaho	-	-	-	-	-	-	3	1	5	-	1	2	-	1	2
Wyo.	-	-	-	-	-	-	-	-	1	1	1	2	-	-	1
Colo.	1	-	-	-	-	1	11	-	3	-	11	21	-	-	-
N. Mex.	-	-	-	-	8	-	3	N	N	-	2	4	-	-	-
Ariz.	1	-	-	-	-	-	3	4	52	-	-	2	-	-	3
Utah	2	2	22	-	-	-	3	-	2	-	1	1	-	2	1
Nev.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
PACIFIC	43	36	53	-	7	49	88	12	112	8	37	7	4	42	78
Wash.	2	8	13	-	-	1	7	1	16	1	7	1	-	-	-
Oreg.	1	-	-	-	-	3	15	N	N	-	4	-	-	-	5
Calif.	37	28	40	-	5	44	64	8	88	-	13	6	4	41	73
Alaska	-	-	-	-	-	-	2	-	3	-	-	-	-	-	-
Hawaii	3	-	-	-	2	1	-	3	5	7	13	-	-	1	-
Guam	-	U	4	U	1	-	-	U	1	U	-	-	U	1	-
P.R.	2	-	-	-	-	28	2	2	29	-	-	2	-	1	1
V.I.	-	U	-	U	-	5	-	U	-	U	-	-	U	-	1
Pac. Trust Terr.	-	U	-	U	-	-	-	U	-	U	-	-	U	-	-

*For measles only, imported cases includes both out-of-state and international importations.

N: Not notifiable U: Unavailable †International §Out-of-state

TABLE III. (Cont.'d). Cases of specified notifiable diseases, United States, weeks ending March 10, 1984 and March 12, 1983 (10th Week)

Reporting Area	Syphilis (Civilian) (Primary & Secondary)		Toxic-shock Syndrome	Tuberculosis		Tula-remia	Typhoid Fever	Typhus Fever (Tick-borne) (RMSF)	Rabies, Animal
	Cum. 1984	Cum. 1983	1984	Cum. 1984	Cum. 1983	Cum. 1984	Cum. 1984	Cum. 1984	Cum. 1984
UNITED STATES	5,399	6,515	3	3,644	3,910	17	50	9	733
NEW ENGLAND	122	159	-	99	95	1	-	-	4
Maine	1	1	-	6	9	-	-	-	4
N.H.	1	4	-	8	10	-	-	-	-
Vt.	-	1	-	3	1	-	-	-	-
Mass.	73	112	-	48	39	1	-	-	-
R.I.	5	3	-	11	9	-	-	-	-
Conn.	42	38	-	23	27	-	-	-	-
MID ATLANTIC	732	767	-	674	804	-	10	-	52
Upstate N.Y.	45	61	-	111	141	-	5	-	3
N.Y. City	427	456	-	266	314	-	2	-	-
N.J.	149	145	-	131	182	-	3	-	-
Pa.	111	105	-	166	167	-	-	-	49
E.N. CENTRAL	185	397	1	503	580	-	6	1	26
Ohio	44	100	1	107	89	-	2	1	2
Ind.	35	38	-	51	85	-	1	-	4
Ill.	30	186	-	193	260	-	1	-	14
Mich.	57	54	-	124	115	-	-	-	1
Wis.	19	19	-	28	31	-	2	-	5
W.N. CENTRAL	87	79	-	93	136	5	2	2	99
Minn.	15	38	-	13	18	-	2	-	11
Iowa	8	2	-	17	18	-	-	-	24
Mo.	52	29	-	40	75	5	-	2	7
N. Dak.	-	-	-	3	-	-	-	-	18
S. Dak.	-	-	-	3	10	-	-	-	23
Nebr.	4	1	-	7	4	-	-	-	5
Kans.	8	9	-	10	11	-	-	-	11
S. ATLANTIC	1,675	1,659	1	834	699	1	6	1	274
Del.	4	10	-	5	1	-	-	-	-
Md.	76	87	-	102	61	-	-	-	188
D.C.	62	60	-	22	25	-	2	-	-
Va.	97	118	-	64	43	-	2	-	53
W. Va.	7	5	-	29	37	-	-	-	5
N.C.	192	165	-	149	68	-	-	-	-
S.C.	167	139	-	101	70	-	1	-	-
Ga.	284	293	-	95	140	1	-	-	27
Fla.	788	783	1	267	254	-	1	1	1
E.S. CENTRAL	361	447	-	321	389	-	2	3	38
Ky.	17	26	-	80	108	-	-	-	8
Tenn.	84	113	-	97	110	-	2	1	20
Ala.	131	188	-	117	102	-	-	2	10
Miss.	129	120	-	27	69	-	-	-	-
W.S. CENTRAL	1,317	1,663	-	336	386	4	3	1	147
Ark.	52	29	-	20	26	3	-	1	16
La.	266	330	-	54	71	-	1	-	-
Okla.	36	46	-	35	50	1	-	-	16
Tex.	963	1,258	-	227	239	-	2	-	115
MOUNTAIN	119	134	-	66	115	3	2	-	20
Mont.	-	2	-	1	11	-	1	-	11
Idaho	8	1	-	3	8	-	-	-	-
Wyo.	1	2	-	-	2	-	-	-	-
Colo.	27	34	-	7	8	-	-	-	-
N. Mex.	13	50	-	18	18	-	1	-	4
Ariz.	46	23	-	31	49	1	-	-	5
Utah	4	6	-	3	10	2	-	-	-
Nev.	20	16	-	3	9	-	-	-	-
PACIFIC	801	1,210	1	718	706	3	19	1	73
Wash.	29	45	-	28	41	-	1	-	-
Oreg.	22	19	-	29	30	2	-	1	-
Calif.	731	1,119	1	597	579	1	15	-	71
Alaska	1	6	-	17	8	-	1	-	2
Hawaii	18	21	-	47	48	-	2	-	-
Guam	-	-	U	-	1	-	-	-	-
P.R.	189	112	-	62	106	-	1	-	8
V.I.	5	5	U	-	-	-	-	-	-
Pac. Trust Terr.	-	-	U	-	-	-	-	-	-

U: Unavailable

TABLE IV. Deaths in 121 U.S. cities,* week ending March 10, 1984 (10th Week Ending)

Reporting Area	All Causes, By Age (Years)						P&I** Total
	All Ages	≥65	45-64	25-44	1-24	<1	
NEW ENGLAND	697	475	154	36	13	19	70
Boston, Mass.	182	111	45	12	5	9	26
Bridgeport, Conn.	53	34	13	3	2	1	5
Cambridge, Mass.	28	25	3	-	-	-	3
Fall River, Mass.	27	18	7	2	-	-	-
Hartford, Conn.	61	42	12	4	-	3	-
Lowell, Mass.	22	18	3	1	-	-	2
Lynn, Mass.	21	13	5	2	-	1	-
New Bedford, Mass.	29	23	4	2	-	-	1
New Haven, Conn.	51	31	17	2	1	-	2
Providence, R.I.	74	51	17	2	2	2	9
Somerville, Mass.	10	9	1	-	-	-	1
Springfield, Mass.	38	25	7	1	1	2	10
Waterbury, Conn.	38	28	7	2	1	-	1
Worcester, Mass.	67	49	13	3	1	1	10
MID. ATLANTIC	2,668	1,840	537	183	61	47	116
Albany, N.Y.	56	41	10	2	1	2	2
Allentown, Pa.	20	15	5	-	-	-	-
Buffalo, N.Y.	177	131	33	5	3	5	9
Camden, N.J.	41	28	11	1	-	1	5
Elizabeth, N.J.	21	15	6	-	-	-	2
Erie, Pa.†	53	38	10	-	1	4	3
Jersey City, N.J.	52	32	13	6	-	1	1
N.Y. City, N.Y.	1,439	983	280	124	28	24	57
Newark, N.J.	71	35	24	7	2	3	7
Paterson, N.J.	33	25	5	2	1	-	4
Philadelphia, Pa.†	229	149	45	20	14	1	6
Pittsburgh, Pa.†	53	35	15	1	1	1	1
Reading, Pa.	29	23	4	1	1	-	-
Rochester, N.Y.	154	114	27	4	6	3	12
Schenectady, N.Y.	24	17	5	1	1	-	1
Scranton, Pa.†	28	23	3	-	1	1	-
Syracuse, N.Y.	101	76	21	3	-	1	3
Trenton, N.J.	35	21	11	3	-	-	2
Utica, N.Y.	20	13	4	2	1	-	-
Yonkers, N.Y.	32	26	5	1	-	-	1
E.N. CENTRAL	2,410	1,589	550	142	61	68	104
Akron, Ohio	59	51	12	2	-	4	-
Canton, Ohio	40	26	12	1	-	1	2
Chicago, Ill.	802	381	144	43	13	21	20
Cincinnati, Ohio	157	103	40	9	4	1	16
Cleveland, Ohio	173	107	45	7	5	9	3
Columbus, Ohio	133	85	27	13	3	5	12
Dayton, Ohio	112	78	21	5	6	2	10
Detroit, Mich.	273	170	80	25	9	9	7
Evansville, Ind.	37	25	6	4	1	1	-
Fort Wayne, Ind.	34	24	6	3	1	-	1
Gary, Ind.	21	8	3	5	4	1	-
Grand Rapids, Mich.	60	41	14	2	1	2	7
Indianapolis, Ind.	196	133	48	7	3	5	5
Madison, Wis.	31	20	9	1	1	-	2
Milwaukee, Wis.	147	111	27	3	2	4	3
Peoria, Ill.	42	31	9	1	-	1	3
Rockford, Ill.	45	36	6	-	2	1	5
South Bend, Ind.	65	46	15	3	1	-	6
Toledo, Ohio	97	62	27	5	3	-	1
Youngstown, Ohio	76	51	19	3	2	1	1
W.N. CENTRAL	797	551	146	41	27	29	43
Des Moines, Iowa	70	51	15	2	2	-	6
Duluth, Minn.	22	19	2	1	-	-	5
Kansas City, Kans.	19	8	7	1	3	-	2
Kansas City, Mo.	127	86	25	7	3	4	5
Lincoln, Nebr.	36	25	8	2	1	-	3
Minneapolis, Minn.	113	69	17	8	6	13	1
Omaha, Nebr.	85	59	13	4	5	4	3
St. Louis, Mo.	172	122	31	9	4	6	8
St. Paul, Minn.	81	65	13	2	1	-	1
Wichita, Kans.	72	47	15	5	2	2	9
S. ATLANTIC	1,330	797	320	101	48	63	59
Atlanta, Ga.	129	79	29	14	3	4	5
Baltimore, Md.	212	131	52	13	9	7	5
Charlotte, N.C.	84	51	20	4	4	4	7
Jacksonville, Fla.	85	45	24	5	6	5	3
Miami, Fla.	144	78	42	17	1	6	1
Norfolk, Va.	56	32	16	2	-	6	5
Richmond, Va.	72	42	15	4	3	8	5
Savannah, Ga.	50	28	11	7	2	4	1
St. Petersburg, Fla.	132	106	14	5	2	5	8
Tampa, Fla.	76	51	17	5	2	1	8
Washington, D.C.	239	127	68	21	12	11	11
Wilmington, Del.	51	29	12	4	4	2	2
E.S. CENTRAL	785	462	211	45	27	20	44
Birmingham, Ala.	122	63	33	12	9	5	3
Chattanooga, Tenn.	38	21	14	1	-	2	6
Knoxville, Tenn.	90	63	20	3	2	2	1
Louisville, Ky.	112	59	38	8	1	6	3
Memphis, Tenn.	150	101	36	8	5	-	12
Mobile, Ala.	93	61	23	5	3	1	13
Montgomery, Ala.	37	25	9	2	1	-	1
Nashville, Tenn.	123	69	38	6	6	4	5
W.S. CENTRAL	1,332	830	292	84	72	54	92
Austin, Tex.	95	62	10	6	11	6	7
Baton Rouge, La.	30	15	8	4	-	3	-
Corpus Christi, Tex.	54	42	9	1	1	1	-
Dallas, Tex.	234	135	54	20	16	9	14
El Paso, Tex.	58	47	7	1	3	-	4
Fort Worth, Tex.	116	72	22	3	7	12	16
Houston, Tex.	216	126	54	21	8	7	4
Little Rock, Ark.	106	65	29	6	4	2	17
New Orleans, La.	74	40	20	6	5	3	1
San Antonio, Tex.	193	124	39	12	11	7	16
Shreveport, La.	66	44	18	2	1	1	6
Tulsa, Okla.	90	58	22	2	5	3	7
MOUNTAIN	740	489	167	40	20	24	44
Albuquerque, N.Mex.	79	45	17	9	2	6	9
Colo. Springs, Colo.	34	26	5	2	-	1	7
Denver, Colo.	125	92	19	6	5	4	2
Las Vegas, Nev.	77	38	28	6	3	2	7
Ogden, Utah	29	23	3	1	1	1	1
Phoenix, Ariz.	204	132	54	9	4	5	4
Pueblo, Colo.	19	11	5	2	-	1	1
Salt Lake City, Utah	45	29	8	3	3	2	1
Tucson, Ariz.	128	93	28	3	2	2	12
PACIFIC	1,912	1,270	391	108	77	66	112
Berkeley, Calif.	29	19	7	2	-	1	1
Fresno, Calif.	80	53	9	6	5	7	7
Glendale, Calif.	15	10	4	-	-	-	-
Honolulu, Hawaii	63	40	13	5	3	2	6
Long Beach, Calif.	79	48	24	2	1	4	4
Los Angeles, Calif.	470	280	110	35	30	15	4
Oakland, Calif.	83	57	18	5	2	1	6
Pasadena, Calif.	25	21	4	-	-	-	1
Portland, Oreg.	144	101	25	8	6	4	9
Sacramento, Calif.	82	56	16	3	5	2	6
San Diego, Calif.	186	124	38	9	8	7	20
San Francisco, Calif.	166	112	35	11	2	6	12
San Jose, Calif.	177	123	37	9	3	5	10
Seattle, Wash.	156	113	22	9	5	7	9
Spokane, Wash.	56	40	10	1	3	2	8
Tacoma, Wash.	101	73	19	3	4	2	9
TOTAL	12,651††	8,303	2,768	780	406	389	684

* Mortality data in this table are voluntarily reported from 121 cities in the United States, most of which have populations of 100,000 or more. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are not included.

** Pneumonia and influenza.

† Because of changes in reporting methods in these 4 Pennsylvania cities, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks.

†† Total includes unknown ages.

TABLE V. Years of potential life lost, deaths, and death rates, by cause of death, and estimated number of physician contacts, by principal diagnosis, United States

Cause of morbidity or mortality (Ninth Revision ICD, 1975)	Years of potential life lost before age 65 by persons dying in 1982*	Estimated mortality October 1983		Estimated number of physician contacts October 1983*§
		Number*†	Annual Rate/100,000*†	
ALL CAUSES (TOTAL)	9,429,000	165,020	828.9	106,300,000
Accidents and adverse effects (E800-E949)	2,367,000	7,640	38.4	5,600,000
Malignant neoplasms (140-208)	1,809,000	37,920	190.5	2,200,000
Diseases of heart (390-398, 402, 404-429)	1,566,000	61,440	308.6	6,200,000
Suicides, homicides (E950-E978)	1,314,000	4,240	21.3	—
Cerebrovascular diseases (430-438)	256,000	12,260	61.6	800,000
Chronic liver disease and cirrhosis (571)	252,000	2,170	10.9	200,000
Pneumonia and influenza (480-487)	118,000	4,180	21.0	800,000
Chronic obstructive pulmonary diseases and allied conditions (490-496)	114,000	4,860	24.4	1,900,000
Diabetes mellitus (250)	106,000	3,010	15.1	3,300,000
Prenatal care*				2,300,000
Infant mortality*¶		3,400	11.2 /1,000 live births	

*For details of calculation, see footnotes for Table V, *MMWR* 1984;33:2.

†National Center for Health Statistics, *Monthly Vital Statistics Report* (MVSR), Vol. 32, No. 11, February 17, 1984, pp. 8-9.

§IMS America *National Disease and Therapeutic Index* (NDTI), Monthly Report, October 1983, Section III.

¶MVSR Vol. 32, No. 10, January 24, 1984, p. 1.

Influenza — Continued

Nevertheless, information from this system must be used cautiously because of the relatively small number of physicians, and because the communities served by the reporting physicians might not always represent major population centers in the nation. Also, the proportion of persons with influenza-like illness who visit their physicians could change as local outbreaks become known in a community. As with mortality data, long-term experience with the physician-reporting system is desirable to establish the limits within which its results can be reliably interpreted.

WORLDWIDE

Since December 1983, influenza surveillance has indicated increased influenza type A(H1N1) and type B activity in some countries but little or no activity in other

Influenza – Continued

parts of the world. Influenza type A(H3N2) has been isolated less frequently and has usually been associated with sporadic cases.

Asia: Influenza type B was isolated from one patient in Yokohama, Japan, in February, while type A(H1N1) activity has continued at relatively high levels in many parts of the country. Influenza type B was also isolated from a few patients in Hong Kong and Singapore during November and December. In northern Pakistan, influenza type A(H3N2) has been associated with outbreaks affecting all age groups.

Australia: Influenza activity has been limited to a few sporadic cases. One case of influenza type A(H1N1) and one of type A(H3N2) have been confirmed by virus isolation since December 1983.

Africa: There continue to be few reports of influenza activity in Africa. Since January, type B has been isolated from only a few patients in Tunisia, and type A(H3N2) has been isolated from children and adults in Dakar, Senegal.

Central and South America: One influenza virus isolation from Central America has been reported; influenza type A(H3N2) was isolated from an infant in Honduras. There have been no reports from South America.

Europe: Reports from most European countries indicate little or no influenza activity. In England, influenza A(H1N1) was associated with an outbreak in a school; influenza B has been isolated from a few patients. In Italy, type A(H3N2) was isolated from two patients, and type A(H1N1), from one. The incidence of influenza-like illness has increased in the southeastern part of Norway, where influenza type B has been isolated, primarily from children 5-14 years of age. Type B virus has also been isolated in Yugoslavia; most of these isolates have been from school-aged children. In Czechoslovakia, influenza A(H1N1) has mainly been isolated from children in association with localized outbreaks. Influenza type A(H1N1) was also isolated from one patient in Finland, where local outbreaks of respiratory illness have occurred in military training centers; there have been no reports of widespread respiratory illnesses among the general population. A single isolate of type A(H1N1) has been reported from Sweden, where there is no general increase in influenza-like illnesses.

Union of Soviet Socialist Republics: Beginning in late November 1983, the incidence of influenza-like illness increased above expected levels in some parts of the Soviet Union. In Moscow, the incidence of illness increased in late December and peaked in the first week of February at a rate of 330 cases per 100,000 population. Activity has been primarily associated with type B, although type A(H1N1) has also been isolated. Most cases have occurred among children and young adults, with reports of localized outbreaks in schools.

Reported by Virus Diseases Unit, World Health Organization, Geneva, Switzerland; WHO Collaborating Center for Influenza, Influenza Br, Div of Viral Diseases, Center for Infectious Diseases, CDC.

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Epidemiologic Notes and Reports

Pet-Turtle-Associated Salmonellosis — Puerto Rico

In January 1984, a 4-month-old girl was reported to the Division of Epidemiology, Puerto Rico Department of Health, to have been hospitalized with enteritis due to *Salmonella* serogroup F. Shortly before becoming ill, the infant had had contact with a pet turtle imported from the mainland United States and purchased in a local store. Because of this patient, a case-control study of salmonellosis among children under 1 year of age reported in 1983 in Puerto Rico was undertaken. The study showed that seven of 61 patients either had pet turtles in the home or had known, direct contact with pet turtles in the 2 weeks before becoming ill. An additional three patients had possible contact with pet turtles outside the home. None of the matched neighborhood controls reported any contact with pet turtles ($p < 0.05$). Isolates from the 10 turtle-associated infants with salmonellosis were serogrouped as groups B, C1, C2, and F. Isolates were not available for serotyping.

Health inspectors visited 40 pet shops broadly distributed around the island and impounded 1,242 turtles, all of which had been purchased through five distributors from two turtle farms in Louisiana. An estimated 32,000 turtles were shipped from these farms to Puerto Rico in 1983. Further shipment of turtles from the Louisiana farms to Puerto Rico has been halted by the U.S. Food and Drug Administration (FDA). Residents of Puerto Rico have been warned of the danger these animals pose to the health of children and have been advised to bring their turtles to the health department for disposal.

Reported by JG Rigau-Perez, MD, Puerto Rico Dept of Health; Emergency and Epidemiology Operations Br, U.S. Food and Drug Administration; Enteric Diseases Br, Div of Bacterial Diseases, Center for Infectious Diseases, CDC.

Editorial Note: The interstate and intrastate commercial distribution of turtles less than 4 inches long was banned by FDA in 1975 after epidemiologic studies demonstrated that 14% of reported salmonellosis in the United States was attributable to pet turtles (*1,2*). Since then, the efficacy of the ban on the distribution of small turtles has been documented by nationwide surveillance in the United States (*3*) and Canada (*4*), although sporadic cases of salmonellosis in Florida, Georgia, and Iowa have been attributed to illegally distributed pet turtles. An estimated 3-4 million turtles continue to be raised and marketed in this country for export (*5*). The study in Puerto Rico shows that these turtles may have accounted for 12%-17% of reported infant salmonellosis there. If the areas surveyed are representative of the rest of the island in this respect, then approximately 30 cases of infant salmonellosis reported in 1983 in Puerto Rico could be attributed to contact with pet turtles, for an attack rate of approximately one reported case per 1,000 imported turtles. Since only hospitalized salmonellosis patients are reported in Puerto Rico, and the vast majority of cases are probably not cultured and diagnosed, the actual number of infections caused by turtles is likely to be much higher.

Salmonellosis – Continued

Recent reports have linked turtles exported from the United States to *S. typhimurium* and *S. muenchen* infections in Japan (*6,7*), and to *S. java* infections in the United Kingdom (*8*). Pet turtles raised in the United States continue to be associated with human disease, and these animals remain inappropriate pets for children. The importation of pet turtles may result in a substantial public health problem that could be prevented by appropriate regulations.

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Clarification: Vol. 33, No. 9

p. 119. In the article, "Japanese Encephalitis: Report of a World Health Organization Working Group," the last paragraph of the Editorial Note should read: Until the experimental vaccine is more widely available in the United States, long-term travelers at increased risk of acquiring JE who wish to be considered for vaccination should inquire from American Embassies in destination countries where JE is endemic as to how the vaccine can be obtained.

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The editor welcomes accounts of interesting cases, outbreaks, environmental hazards, or other public health problems of current interest to health officials. Such reports and any other matters pertaining to editorial or other textual considerations should be addressed to: ATTN: Editor, *Morbidity and Mortality Weekly Report*, Centers for Disease Control, Atlanta, Georgia 30333.

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